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Naval Service Medical News  
25 July 1996  
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This service is for general distribution of information and news about Navy Medicine to Navy and Marine Corps members, civilian employees, family members and retired beneficiaries. Feedback and suggestions are invited. Editor is Jan Davis, [ncmc0jkd@bms200.med.navy.mil](mailto:ncmc0jkd@bms200.med.navy.mil).

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Headline: Okinawa Lab Links With Diego Garcia  
Okinawa--Medical care on the isolated island of Diego Garcia took a giant leap forward recently thanks to an innovative corpsman and the power of electronic communication.

HM1 George Christian, a lab technician on Diego Garcia in the middle of the Indian Ocean, knew there had to be a better way to get lab results. Christian would get lab samples from his patients, mail them to U.S. Naval Hospital (USNH) Okinawa, then receive the results by mail. The whole process might take more than a month.

He called the Information Resource Management office at USNH Okinawa and asked about the possibility of connecting his isolated lab to the Navy-wide Composite Health Care System (CHCS), which provides instant access to medical records of Navy people. His calls hooked him up with Mr. Woody Huff, the CHCS system specialist for USNH Okinawa.

Between the two, they found a way to link up USNH Okinawa's CHCS to the lab. Within moments of the connection, Diego Garcia began receiving a backlog of lab results, including some that needed a physician's attention.

Although Diego Garcia must still mail lab samples to the hospital for testing, the return results are now available within minutes vice weeks, cutting the time needed to get results by about half.

An additional benefit of this new uplink is that Diego Garcia's physician and nurse can now consult with USNH Okinawa specialists via the "mailman" function of CHCS. "It was a lot of planning and hard work, ensuring all the computer connections were in place. I really enjoyed the challenge," said Huff.

By LT Rich Makarski, MSC, and HMCM(SW) Mike Carr, USNH, Okinawa

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**Headline: Eye Care Is On the Move at Academy**

Annapolis, MD--It's clearer now to many of the plebes at the Academy what bringing medicine to the deckplates means.

They've been able to take advantage of the Naval Ophthalmic Support and Training Activity (NOSTRA) of Yorktown, VA's, "vision van," a traveling eye glass lab that goes to where the patients are, instead of having patients travel to the lab.

While the vision van is visiting the academy, two times a day a group of 40 plebes march up the hill to Annapolis' Naval Medical Clinic where four opticians have set up shop, turning out one pair of glasses every five minutes. It is an assembly line that starts with HM3 Jennifer Middleton, who sets the prescription strength into the equipment. HM1 Kevin Amick computes the prescription in the right spot on the glasses, measuring the distance to each plebe's pupil. HM2 Don O'Brien cuts the glass to fit the frames and HM3 Doug Mathews puts the safety bevel on the lenses and mounts them in the frame.

The plebes were pleased to get their new glasses so quickly.

"I'm going to wear my glasses for tomorrow's pistol practice so I can see what I'm shooting," said Midshipman Fourth Class Adair Keonna.

This is the fourth command the NOSTRA vision van has visited.

By Karen Coffman, Naval Medical Clinic Annapolis, MD

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**Headline: Customer Service Program Coming**

Washington, DC (NSMN)--Is visiting your doctor or dentist not on the top of your list of fun things to do? The Bureau of Medicine and Surgery (BUMED) is trying to make it a little more pleasant.

Within the next several months, Navy medical and dental treatment facilities worldwide will participate in a new customer relations program that will teach the staff "people skills" including everything from how to answer the telephone to the basics of managed care.

BUMED has contracted with the independent health care consulting firm Birch & Davis Associates, Inc. of Silver Spring, MD, to provide customer relations training throughout Navy Medicine. The firm will provide a team of ten individuals with expertise in customer relations, training, curriculum development, health care, and military service.

Oversight manager for the team is BUMED's CDR Trena J. Henson, MSC, who sees the program as good for both patient customers and staff.

"Our business is customer service, along with practicing quality medicine. We want to ensure our staff has all the tools necessary to provide premiere customer service.

We want our beneficiaries to know we really care," said Henson. "This program can help provide the right tools for our staff people, who, in turn, can help their customers better."

Although most staff people who come in contact with customers will receive training, special emphasis will be placed on the "front line" people, including clinic front desk personnel, appointment schedulers, outpatient records staff, emergency room front desk staff, patient contact representatives, admissions clerks, and health benefits advisors.

By Ann Kirby and LT Edie Rosenthal, BUMED

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**Headline: Dental Center San Diego Treats Homeless Vets**

San Diego--Navy dental volunteers from the Naval Dental Center (NDC) San Diego and area branch clinics spent their weekend helping homeless veterans recently.

NDC San Diego provided two dental vans, two portable chairs and 47 volunteers to set up an ad hoc "dental clinic" that provided 145 veterans with dental examinations, oral health counseling and emergency oral surgery treatment. The volunteers set up their clinic on Friday evening and worked through the weekend.

This is the sixth year "Operation Stand-Down" has been held. Officers and enlisted volunteers drove from as far away as the branch dental clinics at China Lake and Port Hueneme to help support this year's event in San Diego. It is co-sponsored by the La Jolla, CA, Veterans Administration.

It's the third year DT3 Erik J. Newlin, 21, has volunteered. "The first time I volunteered, I didn't know what it was all about. But then I saw somebody from the barracks, somebody who'd just gotten out of the Navy weeks before, and now he was homeless," said Newlin. "It really hit. I would hope somebody would help me if I were in that situation."

Volunteers at NDC San Diego contribute hundreds of hours each month to support the community with dental care and other services, including tutoring, environmental clean up, and basic construction work with Habitat for Humanity.

By CDR Pete Seder, DC, NDC San Diego

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**Headline: Tinker, Carter Top Dental Professionals**

Washington, DC (NSMN)--The Marine Corps Association's LTJG Weedon E. Osborne and DN Thomas A. Christensen Jr. awards were presented recently to LT Timothy B. Tinker, DC, and DT2 Willie D. Carter, respectively.

The LTJG Weedon E. Osborne Award honors a dental officer who exhibits superior leadership while serving with the Fleet Marine Force (FMF). Tinker, assigned to the Second Dental Battalion, Second Force Service Support Group (FSSG), was cited for his "inspirational leadership and extensive operational expertise."

The DN Thomas A. Christensen Jr award is presented to a dental technician in recognition of significant contributions to the FMF. Carter, who is also assigned to the Second Dental Battalion, Second FSSG, received the award for his contributions that were "instrumental in improving the operational readiness of supported Marine units."

The two were selected by an awards board chaired by The Medical Officer of the Marine Corps.

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**Headline: Corpsmen Train for Mountain Warfare**

The Mountain Peaks of CA--Take Navy and Marine Corps Reservists from the Chicago-based Second Battalion, 24th Marine Corps. Place them in mountainous terrain with peaks up to 11,500 feet. Add physical and mental challenges.

What you get is Mountain Warfare Training for Marines and Navy corpsmen that included climbing, rappelling, survival medicine, physical and psychological requirements for survival, and a myriad of other mountain skills.

Training began with a 4:30 wake up call, and by seven the Marines and Navy corpsmen were starting their morning hike of more than four miles, equipped with 60-pound packs and weapons, to the upper base camp training area. There, they spent the day receiving instruction and practicing what they learned before traveling back to their base camp at night. Five hours later, they were awakened for a new day of training.

Some of the education they received was what to expect at high altitudes, such as acute mountain sickness and high altitude pulmonary edema. With the training taking place at elevations ranging from more than 6,500 feet to almost 11,500, the trainees were able to personally experience some of the physical symptoms higher altitudes place on the body, including nausea, dizziness, loss of appetite, and sleeplessness. They learned how to combat these symptoms by drinking lots of water and eating up to 4,000 calories a day.

One trainee, Lcpl. E. Isabel Mena, said the training reinforced what she learned in boot camp, especially about the importance of working together for survival.

"Team building is the key," said Mena. "Out here,

we're all pulling for the same goal."

Marine Maj. Scott Kangas, commanding officer of Headquarters and Service Company, Second Battalion, 24th Marines, agreed, but said that it's the individual skills that brought the group together as a unit. He praised the corpsmen for their care of his Marines.

"What's unique about this training is what it does to enhance the skills of individual Marine and Navy corpsmen. The Navy corpsmen have done an exceptional job caring for the Marines in the field. They train as hard as we do, and when the Marines stop to break, the corpsmen continue to check them for blisters, heat exhaustion or other medical concerns."

By LTJG Victor Lopez, Naval Training Center, Great Lakes, IL

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**Headline: Nursing Abstracts Solicited for Rieder Session**  
San Antonio, TX (NSMN)--The Director of the Navy Nurse Corps is inviting registered nurses to submit research abstracts to be presented via display at the ninth annual Karen A. Rieder Nursing Research Poster Session in San Antonio, TX, on 11 November.

Nurses from the federal services and the American Red Cross are eligible to submit abstracts that have been initiated or completed during the last five years. An original of the abstract and five copies should be mailed to: LCDR Sandra Cupples, NC, 9104 Wooden Bridge Rd., Potomac, MD 20854-2414 by 15 August. Fax copies will not be accepted.

The Karen A. Rieder Nursing Research Poster Session is held annually during the meeting of the Association of Military Surgeons of the United States (AMSUS). The poster session's purpose is to serve as a forum for research discussion, foster professional growth, exchange nursing information, and improve health care service via research strategies.

Acceptance notification will be made by 15 September.

For additional information, contact LCDR Cupples, (301) 279-2109 or CDR Nancy Puksta, NC at (301) 295-5729 or DSN 295-5729.

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**Headline: Naval Service Medical News Changes Name**

Washington, DC(NSMN)--The Naval Service Medical News (NSMN), which for years has provided news and information about Navy and Department of Defense (DoD) medical issues, programs and people, is changing its name.

Beginning on 1 August 1996, NSMN will be called Navy and Marine Corps Medical News, but will more commonly be known by its acronym, MEDNEWS.

The acronym, MEDNEWS, is much easier to say and is more descriptive of the information conveyed than the former abbreviation, NSMN. It is also easier to remember.

The new name parallels two other Navy internal news

services, Navy News Service, known as NAVNEWS, and Navy and Marine Corps News (NMCN), the Navy's weekly video news program.

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**Headline: TRICARE Question and Answer**

Question: My wife just retired from the Navy. We decided to participate in TRICARE Extra or Standard if we need health care. I understand we have to pay a deductible before we can start getting reimbursed by the government for health care. What's a deductible?

Answer: A deductible is the amount you must pay on your medical bills each year toward your outpatient medical care under Standard and Extra. That is, you pay your provider(s) the first \$150 for an individual or \$300 for a family, worth of medical bills each fiscal year -- from 1 October through 30 September. The claims processor keeps track of your deductible and subtracts it from your claims during the year.

Deductibles are less for families of active duty members in pay grades E-4 and below. For them, the deductible amounts are \$50 for an individual and \$100 for a family.

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**Headline: Healthwatch: Food & Fitness Facts & Fallacies**

The biggest obstacles to losing weight can be your own food and fitness fallacies. Check this list to find the latest facts so you know what works and what doesn't.

Fiction: The chicken I ate last night was OK because it was fried in cholesterol-free oil.

Fact: All oils are 100 percent fat and provide 120 calories in just one tablespoon, or 2,000 calories per cup! Don't be fooled by the chicken and chips fried in 100 percent cholesterol-free oil delusion. Although they may be heart-smart, calorie-smart they're not!

Fiction: Skipping meals will help you lose weight.

Fact: When you skip meals, your body fights back by slowing down your metabolism (the rate at which you burn calories). It also increases the odds that you'll raid the refrigerator later on. You'll lose weight more efficiently if you eat several small meals a day rather than one or two large ones.

Fiction: It's easy to lose five pounds of fat by dieting.

Fact: It takes 3,500 calories to make a pound. If your weight suddenly drops five pounds in a week, it would require a deficit of 17,500 calories from food or expended energy by exercise. Rapid weight loss is usually from shifts in body fluids, not fat.

Fiction: All calories are created equal.

Fact: Studies show that calories from fat are more fattening than those from carbohydrates. The body seems to store fat easily, but its ability to store carbohydrates is

limited. That's why you'll gain more weight from eating a  
an extra 600 calories of a fatty food like prime rib than of  
a starchy dish like pasta.

Fiction: Spot-reducing exercises can trim fat from  
your thighs and abdomen.

Fact: Sorry--spot-reducing doesn't work. When you  
lose fat, it comes from your total fat reserves, not just  
one place. Spot exercise such as sit-ups and lifts, can  
tone and strengthen muscles in problem areas. But, aerobic  
exercise is the best way to burn fat. You'll burn more fat  
from your middle, for instance, if you take a brisk walk  
than by doing 100 sit-ups.

Fiction: Saunas, steam baths and nylon clothes can  
help you "sweat off" a few pounds.

Fact: Sweating, with or without exertion, is loss of  
fluid, not fat. The water lost while sweating will be  
quickly regained as soon as you have anything to eat or  
drink. And remember, sauna suits, rubber belts or nylon  
clothes designed to make you sweat during exercise can  
actually damage your health.

From the Navy's Health Promotion Office

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